Upder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

OR

OR

TOTAL

ADD'L FEE

Substitute for Form PTO-875									10693208		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER TH	
			MBER FILE		IBER EXTRA		RATE	FEE	7 .	RATE	T
	SIC FEE CFR 1.16(a))						TOTILE	\$	OR	RATE	FEI
TC	TAL CLAIMS CFR 1.16(c))		minus	20 = .	T		x \$ =		1	J	1,
INI	DEPENDENT CLA	AIMS	minus 3						OR	× \$=	
-			A second				X \$=	-	OR	× \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						,	+ \$=		OR	+ \$=	
* If the difference in solumn 1 is less than zero, enter "0" in column 2.							TOTAL	L	OR	TOTAL	
		CLAIMS AS A	MENDE	D – PART II							
		(Column 1)	•	1	(Column 3)		SMALL ENTITY		OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION, FEE
	Total (37 CFR 1.16(c))	14	Minus	20			x \$=		OR	× \$=	
ÆN	Independent (37 CFR 1.16(b))	2	Minus	<i>" 3</i>	=		x \$=		OR	x \$=	
₹	FIRST PRESEN	TATION OF MULTI	IPLE DEPEN	DENT CLAIM (37 C	FR 1.16(d))		+\$ =		OR	+ 5 =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_					
DMENT B	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE
	Total (37 CFR 1.16(c))		Minus	••	=		× \$=		OR	× \$=	
AMENI	Independent (37 CFR 1.16(b))	,	Minus	•••	Ξ		x \$=		OR	x \$=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
							TOTAL / ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_					
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
<u></u>	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$=		OR	x \$=	
UNITED IN	Independent (37 CFR 1.16(b))	•	Minus .	•••	Ξ		× \$ =		OR	x \$=	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

TOTAL

ADD'L FEE

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.